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FILE 'MEDLINE' ENTERED AT 15:56:55 ON 13 JUL 2006

=> s treatment and drug and conversion
L1        12882 TREATMENT AND DRUG AND CONVERSION

=> s l1 and treatment(P)conversion
L2        11147 L1 AND TREATMENT(P) CONVERSION

=> s l2 and octreotide and pegvisomant
L3            3 L2 AND OCTREOTIDE AND PEGVISOMANT

=> dup remo l3
PROCESSING COMPLETED FOR L3
L4            2 DUP REMO L3 (1 DUPLICATE REMOVED)

=> d l4 1-2 bib abs

L4   ANSWER 1 OF 2  BIOSIS  COPYRIGHT (c) 2006 The Thomson Corporation  on STN
     DUPLICATE 1
AN   2005:468947  BIOSIS
DN   PREV200510254072
TI   Glucose homeostasis and safety in patients with acromegaly converted from
     long-acting octreotide to pegvisomant.
AU   Barkan, Ariel L. [Reprint Author]; Burman, Pia; Clemmons, David R.; Drake,
     William M.; Gagel, Robert F.; Harris, Philip E.; Trainer, Peter J.; van
     der Lely, Aart Jan; Vance, Mary Lee
CS   Univ Michigan, Med Ctr, Dept Internal Med, 3920 Taubman Ctr, Ann Arbor, MI
     48109 USA
     abarkan@med.umich.edu
SO   Journal of Clinical Endocrinology & Metabolism, (OCT 2005) Vol. 90, No.
     10, pp. 5684-5691.
     CODEN: JCEMAZ. ISSN: 0021-972X.
DT   Article
LA   English
ED   Entered STN: 9 Nov 2005
     Last Updated on STN: 9 Nov 2005
AB   Context: In clinical practice, patients with acromegaly may be switched
     from therapy with long-acting somatostatin analogs to pegvisomant
     . The effect of changing therapies on glucose homeostasis and safety has
     not been reported.Objectives: The objectives of this study were to monitor
     changes in IGF-I levels, glycemic control, and safety, particularly liver
     function and tumor size.Design: This was a multicenter, open-label, 32-wk
     trial study.Setting: The study was performed at outpatient
     clinics.Patients: Fifty-three patients with acromegaly previously treated
     with octreotide long-acting release (LAR) participated in this
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study.Intervention: Pegvisomant (10 mg/d) was initiated 4 wk after the last dose of octreotide LAR and was adjusted based on serum IGF-I concentrations at wk 12, 20, and 28.Main Outcome Measures: The main outcome measures were changes in IGF-I, glycosylated hemoglobin A(1c) (HbA(1c)), fasting plasma glucose, and safety during the first 12 wk after conversion.Results: At the end of pegvisomant treatment, IGF-I was normalized in 78% of patients. At wk 32, median fasting glucose concentration and HbA(1c) were reduced (-1.4 mmol/liter and -0.4%, respectively; both P <= 0.0001) in the study population. Improvements in glycemic control occurred in patients with normal IGF-I concentrations at wk 4 [n = 15; fasting glucose, -1.7 mmol/liter (P <= 0.0001); HbA(1c) -0.2% (P = 0.03)]. Decreases in fasting glucose and HbA(1c) levels were observed in patients with and without diabetes. HbA(1c) was reduced by more than 1.0% in patients with diabetes. Median pituitary tumor volume did not change, although tumor volume increased in two patients with macroadenomas.Conclusions: Conversion from octreotide LAR to pegvisomant was safe and well tolerated. Improved glycemic control indicates that pegvisomant should be considered in patients with acromegaly and diabetes.

L4 ANSWER 2 OF 2 CAPLUS COPYRIGHT 2006 ACS on STN
AN 2004:927079 CAPLUS
DN 141:360723
TI Growth hormone receptor antagonist-COX-2 inhibitor combination with antihypertension agents for use in treatment of patients with acromegaly
IN Fryklund, Linda; Harris, Philip
PA Pharmacia & Upjohn Company, USA
SO PCT Int. Appl., 54 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2004093913	A1	20041104	WO 2004-GB1771	20040426

PI W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW
RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRAI GB 2003-9328 A 20030424
AB The invention provides a method for the treatment of hypertension in a patient characterized by using a growth hormone receptor antagonist in combination with an antihypertension agent.
RE.CNT 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

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FILE 'CAPLUS, BIOSIS, SCISEARCH, MEDLINE' ENTERED AT 15:56:55 ON 13 JUL 2006
L1 12882 S TREATMENT AND DRUG AND CONVERSION

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L3	3	S L2 AND OCTREOTIDE AND PEGVISOMANT
L4	2	DUP REMO L3 (1 DUPLICATE REMOVED)

WEST Search History

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DATE: Thursday, July 13, 2006

Hide?	Set Name	Query	Hit Count
		DB=PGPB,USPT,USOC,EPAB,JPAB,DWPI; PLUR=YES; OP=OR	
☐	L4	treatment same drug same conversion same overlap	3
☐	L3	octreotide and L2	14
☐	L2	pegvisomant and acromeg$	26
☐	L1	pegvisomant.clm.	9

END OF SEARCH HISTORY